

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000064703 (0)

1. Corporation Name

CONNORS CARRIAGE, INC.

FILED

1995 JUL 25 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

270 PARK AVENUE
SATELLITE BEACH FL 32937
US

Mailing Address

POST OFFICE BOX 033833
INDIAN LANTIC FL 32903-0833
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1993

3a. Date of Last Report

04/28/1994

4. FEI Number

59-3202074

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CONNORS FAMILY TRUST
270 PARK AVENUE
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name BEE CONNORS (CONNORS)

82 Street Address (P.O. Box Number is Not Acceptable)

270 PARK AVENUE

83

84 City SATELLITE BEACH

FL

85 Zip Code 32937

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

BEE Connors

7-20-95

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PT
CONNORS, BEE
270 PARK AVENUE
SATELLITE BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this form is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or both, and is an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

7-20-94

(Type)

407-773-8226

(Typed Name)